Progress Toward Evidence-Based Practices in DCS Funded Juvenile Justice Programs

REPORT TO GOVERNOR PHIL BREDESEN
AND
THE TENNESSEE GENERAL ASSEMBLY

PURSUANT TO PUBLIC CHAPTER 585

October 29, 2010

Submitted by Tennessee Department of Children's Services
Viola P. Miller, Commissioner

Report Prepared by
Randal Lea, Mandy Lewis, and Steven Hornsby
Tennessee Department of Children's Services

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Tennessee's Evidence-based Law for Juvenile Justice: Summary Report for First Year Compliance

(1) Summary of the "Evidence-based Law"

In 2007, the Tennessee General Assembly passed into law Public Chapter 585 (codified as T.C.A. 37-5-121) which provides that the Departments of Tennessee State Government only expend state funds on juvenile justice programs or programs related to the prevention, treatment or care of juveniles adjudicated delinquent that are evidence-based. "Evidence-based" is defined as a program or practice that is governed by a manual or protocol that specifies the nature, quality and amount of service that constitutes the program; and, that scientific research using at least two separate client samples has demonstrated improvement in the client outcomes that are central to the program. Pilot projects are allowed for evaluation purposes of programs that are supported by research or theory but which lack the required number of research samples that meet the definition for being evidence-based.

Further, the Evidence-based law allowed DCS, in conjunction with the Administrative Office of the Courts (AOC), Tennessee Commission on Children and Youth (TCCY) and provider representatives named by the Commissioner, to determine which of the existing programs meet the evidence-based standards of the law. The initial report on this process was delivered to the designated legislative and executive parties prior to the January 1, 2009 deadline. The steering panel referenced above constitutes a fair and informed consulting group for the continuation of this work going forward into the next incremental phases of the implementation of this law. It is the intent of DCS to continue convening this group at least semiannually to review progress and address obstacles on the way to full implementation of the Tennessee evidence-based law.

This report is an accounting of funds for first year compliance with the law by defining the amounts of dollars dedicated to the treatment of Juvenile Justice students and by calculating the amount of dollars for which evidence demonstrates the use of an evidence-based approach. The term "student" in this section is preferred, in part because this is the term of respect used in DCS operated facilities, and in part because not all students are below the age of majority ("child") and the department and its contractees avoid the use of pejorative terms such as "delinquent" or Juvenile" or any other term that identifies a student with a delinquent act. Use of the term 'student" also emphasizes the departmental belief in learning throughout the lifespan, for students and departmental staff alike. That mission is set forth in Title 37 of the Tennessee Code Annotated is designed to "remove from children committing delinquent acts the taint of criminality and the consequences of criminal behavior and substitute therefore a program of treatment, training, and rehabilitation." [TCA 37-1-101(2)]

Implementation of a change such as this cannot be accomplished without legislative and executive leadership. While the following may not be an all-inclusive list, the points below are characteristic of the types of leadership required in order to implement deep systemic change, as well as reminders of the reasons why an evidence based approach is sound for all strata of staff:

Evidence-based Leadership:

- Provides clear direction for staff in their work with youth by using standardized practices proven to reduce recidivism.
- Ensures consistency of service regardless of location, service setting, or the specific individuals (contract or DCS) who provide the service.
- Reduces power struggles between staff and youth by removing the focus from child misbehavior or surface compliance and placing emphasis on needed services and interventions.
- Provides assurance to courts, to the public and to other leaders in government that Juvenile Justice Division workers are trained to provide and refer families to effective services.
- Allows field staff, leadership, and institution staff to inform the community about types of evidence-based services that are available for families and children instead of contact with Juvenile Justice or following discharge from services.
- Increases the probability of good outcomes for youth while decreasing liability for staff by providing and referring to services based on proven models of practice rather than by past patterns alone.
- Moves away from an approach in which power structures are maintained by reserving data and knowledge toward a collaborative approach in which knowledge is pooled among government, private industry, and research centers.
- Provides the ability to evaluate practices to improve outcomes in the areas of child and family well being, child and community safety, permanency with minimal recidivism, transition to responsible adulthood, and effective service linkage.

(2) DCS requirements for TCA § 37-5-121 in FY 2010

Section (3)(e) of this law allows for a graduated phasing in of the requirements of this law. Specifically, this section states:

> In order to prevent undue disturbance to existing department programs, the department shall ensure that twenty-five percent (25%) of the funds expended for delinquent juveniles meet the requirements of this section during fiscal year 2009-2010, that fifty percent (50%) of such funds meet the requirements of this section during fiscal year 2010-2011, that seventy-five percent (75%) of such funds meet the requirements of this section during fiscal year 2011-2012, and that one hundred percent (100%) of such funds meet the requirements of this section during fiscal year 2012-2013 and each fiscal year thereafter.

This report is designed to calculate the costs of services and to delineate the means by which DCS has monitored service planning and delivery to verify the minimum threshold is met for the current fiscal year. While DCS is not required to account for the status of unverified services that fall beyond the 25%, the spirit of this report is that DCS has an obligation to look at and evaluate the services that fall short of this standard in the present fiscal year and to plan for how those services will ultimately fold into the evidence-based practice rubric or will be replaced with manualized, effective, evidence-based services.

In cases observed so far, services that fall short of the evidence threshold are generally following an evidence-based approach, but one or more elements is missing. This may mean an evidence-based practice is employed but not manualized; it may indicate that documentation is lacking that would verify the model is being used in the amounts and under the rigor that would prove an effective practice is in place; or it may mean documentation of implementation at the child-specific level (e.g., the numbers of individual, group, or family sessions a student has of each branded service) is incomplete. DCS will continue to encourage, coach, or suggest technical assistance opportunities to programs that do not yet meet evidence-based standards. Considering the amount of public cooperation and engagement that has occurred to this point, DCS considers that all providers currently in the provider network have ample time to implement a proven practice within the timeframes outlined by law and that it will ultimately be the provider responsibility to research and to implement programming in order to continue contracting with DCS for Juvenile Justice services.

(3) Accounting methods and measurement

This initial compliance report accounts for the funds dedicated to Juvenile Justice services and certify the specific dollars which can be traced to the implementation of services matching evidence based program criteria. This requires an analysis of the funds within DCS which are allocated to Juvenile Justice programs or services, which would serve as the "denominator," and the target goal or numerator to be 25% of those funds. For FY 2010, the amount DCS has spent on programs and services for youth adjudicated delinquent and on preventive services for delinquency is $ 118,863,480 and the data target for proof of implementation is $ 29,715,870. DCS currently has documentation that at least $ 32,326,159 or 27.3 % of the Juvenile Justice dollars spent are linked to evidence based services.

This accounting operates on the assumption that when a child is in a program, room and board costs are included since the entire child is being treated. The evaluation of the evidence basis for the program will extend to the dollars spent on housing, food, clothing, and education costs while in care. An entire "per diem" is credited for those providers who offer evidence-based services, and no part of the provider per diem is credited if a provider has not demonstrated compliance with the evidence-based law.

Programs vary somewhat by setting and by mission, but the concept of service delivery is similar regardless of whether the program is administered by DCS or by a contracted private agency. The report measures DCS performance by the same standards of science as those standards are applied to private service providers. In gathering data, we have partial year compliance by some private providers, which means we must test the assumption that placements of children are relatively constant throughout the year. The following table (which will likely be unnecessary and eliminated in future reports) represents a breakout of the numbers of delinquent custodial children in of DCS placements as of August, 2010[1] compared to similar types of placements at previous six month intervals:

[1] Note: This list does not include runaways, detention, primary treatment centers or small number placements like independent living, jail, in-patient psychiatric. Fluctuations over 6 month periods are not drastic but may move dollars from one type of service to another on a seasonal basis.

Youth Adjudicated Delinquent/ Placement Type at 6 Month Intervals

Setting	Placement examples	2/09	8/09	2/10[2]	8/10
YDCs	New Visions, Mountain View, Woodland Hills, Wilder, Taft	473	394	423	419
DCS Gp Homes	NTC, Elizabethton GH, Magnolia View, Madisonville, Inman, Henderson House,	61	63	57	54
Level IV	These are sub-acute psychiatric placements such as HCA Valley Hospital, Cumberland Hall Psychiatric, Youth Villages Center for Intensive Residential	19	31	22	18
Level III	These children generally require close observation due to mental health concerns and security needs. As behaviors improve and/or mental illness is better managed, these children are in less restrictive placements. Deer Valley and Memphis Recovery Center are examples.	88	84	72	56
Level III c	In August, 2009 about 83 of these children were in Foster Homes and just over 200 in centers like Youth Villages, Natchez Trace Youth Academy, TASK, or Varangon. Same percentage roughly true in 2010	198	207	165	117[3]
Level III sn	Most of these are placements for Sexually Agg.Youth such as Steppenstone, Highland Retreat or Youth Villages.	56	57	76	222[4]
Level II	Congregate care like Holston, Partnership, Monroe-Harding, Associated Catholic Charities (includes continuum Residential)	139	106	98	96
Level II sn or sp	Includes special needs (such as KDS) and special populations (such as Alcohol and Drug programs, Chance, TN Children's Home, Florence Crittenton, Freewill)	176	137	140	128
THV	The youth's home for trial home visit	67	89	155	96
DFCFH	DCS Foster Home	48	31	33	47
PPFH	Private Provider Foster Home incl. continuum	258	233	204	unk[5]

[2] Red numbers in column headers indicate new since last steering panel update (October, 2009). Places other than YDcs and group homes may undercount MC region children, who were early in the TFACTS pilot on 8/1/2010.
[3] Number may be lower because some of these JJ youth are in L3 SN contract, or may reflect MC kids in pilot not counted.
[4] A change in the contracting procedure expanded the use of Level III Special needs to include children who are often denied by level III providers who lacked congregate care capacity. These changes took place at the start of the calendar year 2010 and no spike was reflected in the pull of numbers for February, 2010. This topic was the subject of discussion by Deputy Commissioner Hommrich and providers including Holston Home, Children's Home/Chambliss Center, and Camelot during a recent meeting of the Select Committee on Children and Youth. This explains the increase in numbers for August, 2010.

(A) Budgets for DCS operated facilities and programs

The budgets for the five Youth Development Centers and nine group homes as passed by the Tennessee General Assembly (Public Chapter 554) are below. DCS is implementing programming during the FY2011 cycle which will provide an evidence-based approach for these services, but is not counting these costs for first year compliance in 2010.

YDC:		**55,329,300.00**
Wilder	12,617,800.00	
Woodland Hills	13,546,400.00	
Taft	12,358,000.00	
Mountain View	12,145,000.00	
New Visions	4,662,100.00	
Group Homes:		**5,592,500.00**

From the total above, one may subtract the contracted services in the table in part (B) below, which will be measured separately in terms of their evidence basis. Some contracts in the table below are removed from the evidence-based calculation because the service (e.g., haircuts) does not apply.

(B) Contracts for programs and services within DCS facilities

DCS contracts with professionals to provide services within a Youth Development Center or, in some cases, group homes like Peabody (which through January, 2010 operated as a state group home for developmentally delayed students). Some services provided in the facility such as haircuts, optometry, nutrition services, or dentistry may be presumed to fall outside the intent of the legislation. The following chart is a full disclosure list that accounts for all contracts provided within these programs and highlights in light yellow those programs which are presumed to count as expenses in the evidence-based practice law.

Contract #		Ccontractor		Start	End	2010 total
DP1028650	YDC Svcs.	DP - Student Allowance/ Incentive Allowance	Student & Incentive Allowance	7/1/2009	6/30/2010	197,500.00
DP1028929	YDC Svcs.	DP - Interpreter Services	Interpreter Services	7/1/2009	6/30/2010	57,000.00
DP1029291	YDC Svcs.	DP - Temporary Nursing Staff	Nursing Services	7/1/2009	6/30/2010	206,800.00
ED0823000	YDC Svcs.	The University of Tennessee	Medical Services	10/1/2007	9/30/2012	150,874.00
EG1028517	YDC Svcs.	The University of Tennessee	Sex Offender Program	7/1/2009	6/30/2010	52,427.00
EG1028518	YDC Svcs.	The University of Tennessee	Sex Offender Program	7/1/2009	6/30/2014	378,065.00
FA0616435	YDC Svcs.	Joseph Krisak, Ed.D.	Specialized Program Therapy	7/1/2005	6/30/2010	33,000.00
FA0616438	YDC Svcs.	Innovative Counseling and Consulting	Alcohol and Drug Counseling	7/1/2005	6/30/2010	60,000.00
FA0616439	YDC Svcs.	Joseph Krisak, Ed.D.	Psychological Assessment	7/1/2005	6/30/2010	74,500.00
FA0616443	YDC Svcs.	Milton J. Salomon, OD	Optometry Services	7/1/2005	6/30/2010	1,180.00
FA0616445	YDC Svcs.	Dr. Cherae M. Farmer-Dixon	Dentist	7/1/2005	6/30/2010	34,300.00
FA0616450	YDC Svcs.	MHM Correctional Services, Inc.	Psychiatric/Psychological Services	7/1/2005	6/30/2010	58,515.00
FA0616451	YDC Svcs.	Helen Ross McNabb Center	Psychiatric/Psychological	7/1/2005	6/30/2010	463,600.00

[5] This number not reliable due to TFACTS Pilot, like all numbers except group home population and YDC population (which are taken from the daily hard copy/hand count) .

			Services			
FA0616490	YDC Svcs.	Vanderbilt University	Group & Individual Counseling	7/1/2005	6/30/2010	347,000.00
FA0616491	YDC Svcs.	Vanderbilt University	Sex Offender Program	7/1/2005	6/30/2010	181,466.00
FA0616642	YDC Svcs.	Jefferson Family Physicians, PC	Medical Services	12/1/2005	6/30/2010	65,454.55
FA0616649	YDC Svcs.	Emily Noe, M.S., C.C.C.-S.L.P	Speech/Language/Hearing Assessment	12/1/2005	6/30/2010	37,500.00
FA0616663	YDC Svcs.	T. Andrew Sharp, DDS	Dental	12/1/2005	6/30/2010	64,363.56
FA0616664	YDC Svcs.	Melissa P. Buell, R.D.H.	Dental Hygienist	12/1/2005	6/30/2010	21,381.83
FA0616675	YDC Svcs.	20/20 Eyecare	Optometry	12/1/2005	6/30/2010	6,480.00
FA0616676	YDC Svcs.	Metro Center Healthcare Group	Medical Services	1/1/2006	6/30/2010	71,101.00
FA0716845	YDC Svcs.	Robert O. Donnell, DDS	Dentist	7/1/2006	6/30/2011	90,000.00
FA0716857	YDC Svcs.	Joseph Krisak, Ed.D.	Therapy & Counseling	7/1/2006	6/30/2011	400,000.00
FA0716858	YDC Svcs.	NHC Rehabilitation	Speech/Language Evaluation and Therapy	7/1/2006	6/30/2011	30,000.00
FA0716860	YDC Svcs.	Charles P. Haddad, OD	Optometry Services	7/1/2006	6/30/2011	6,000.00
FA0716868	YDC Svcs.	Kenneth W. Nix, O.D.	Optometry Services	7/1/2006	6/30/2011	14,000.00
FA0716873	YDC Svcs.	Daniel Raymond White	Speech & Language Services	7/1/2006	6/30/2011	26,000.00
FA0716878	YDC Svcs.	Volunteer Behavioral Health Care System	Psychological Services	7/1/2006	6/30/2011	445,000.00
FA0716948	YDC Svcs.	Comprehensive Professional Services	Alcohol and Drug Counseling	8/16/2006	6/30/2011	45,000.00
FA0717151	YDC Svcs.	X Ray Services, Inc.	Mobile X-Ray	12/15/2006	6/30/2011	20,607.00
FA0721533	YDC Svcs.	Vanderbilt University	Psychological Services	5/1/2007	6/30/2011	74,000.00
FA0822188	YDC Svcs.	Frank S. McKnight, MD	Medical Services	7/1/2007	6/30/2012	45,000.00
FA0823224	YDC Svcs.	Tri-Med Pharmacy Services, LLC	Pharmacy Services	12/1/2007	6/30/2012	597,400.00
FA0823265	YDC Svcs.	NHC Rehabilitation	Speech/Language Evaluation and Therapy	11/30/2007	6/30/2012	65,400.00
FA0823412	YDC Svcs.	Robert David Sapp, MD	Physician Services	1/1/2008	12/31/2012	60,000.00
FA0823742	YDC Svcs.	Gregory Reeves	Optometry Services	1/1/2008	6/30/2012	9,000.00
FA0926037	YDC Svcs.	John L. Wilhoit III, DDS	Dental Services	7/1/2008	6/30/2013	50,000.00
FA1028024	YDC Svcs.	Barbara L. Taylor, PhD	Psychological Evaluation Services	7/1/2009	6/30/2014	93,100.00
GR0824327	YDC Svcs.	Turning Point Partners, Inc.	Balanced and Restorative Justice Program	4/1/2008	6/30/2010	1,000.00
ID0708183	YDC Svcs.	Tennessee Department of Correction	Inmate Labor	7/1/2006	6/30/2011	14,100.00
FA0616437	Group Homes	Howard E. Nelson, Ph.D.	Mental Retardation Treatment Services	7/1/2005	6/30/2010	122,324.00
FA0616449	Group Homes	Frontier Health, Inc.	Psychological Services	7/1/2005	6/30/2010	32,000.00
FA0924558	Group Homes	American Correctional Association	Accreditation	7/1/2008	6/30/2011	10,300.00
ID0822198	Group Homes	Tennessee Department of Health	Environmental and Food Inspections	7/1/2007	6/30/2012	10,785.00

The sum of the highlighted budgeted funds for FY 2009-2010 is $2,860,997.00 and the department has collected documentation that each of the services delivered under these contracts meets the requirements of evidence-based programming. It is the intent to count the dollars which are actually spent under these contracts as meeting the evidence-based requirement once DCS can compile actual billing against the contracted amount. DCS does not have the exact figures of dollars spent at the time of this report, therefore this accounting will operate on budgeted funds rather than expenditures.

(C) Contracted private providers services

DCS staff has worked closely with the Private Providers of residential, group care, and other youth services since the original legislation was passed. The report to the Governor and the legislative committee chairs issued December 31, 2008 outlined the process by which DCS polled providers as to their practices and verified through the Peabody Research Institute (PRI) the evidence basis for the approaches used by

providers. This generated over 630 discrete services or program offerings. This large number is in part accounted for because of the existence of a similar service offered by more than one provider, or by one provider at multiple locations. Approximately 95% of the reported programs matched evidence-based services that result in positive average intervention effects (e.g., lower rate of repeat delinquency or recidivism) according to available research; thereby meeting the standards set forth in the evidence-based law.

The following table reflects in descending order the actual expenditures in FY2009-2010 for youth adjudicated delinquent, excluding providers of detention services or evaluation programs only. Some have already demonstrated an ability to deliver encounter data reflecting sufficient documentation of the amounts and duration of an evidence-based service delivery under their contract. The percentage of services for which they can provide proof of delivery of enough evidence based practice to make a difference is in the third column. Data collection will be conducted twice each year by the provider to DCS and the Peabody Research Institute.

Provider	ACTUAL 2010	Verified EBP %	Verified Dollars
DCS GH~YDC		0	
DCS CIS grants		0	
DCS GH~YDC			
Youth Villages	11,066,122.00	100	11,066,122
Omnivisions	8,368,629.00	50	4,184,315
KEYS (UHS)	3,796,537.00	33.3	1,264,247
Florence Crit	3,089,693.00	100	3,089,693
Phoenix	2,912,450.00	42.5	1,237,791
CRC/NLL	2,219,910.00	100	2,219,910
TN Children's Home	2,019,910.00	100	2,019,910
Freewill Baptist	1,754,566.00	50	877,283
Centerstone CMHC	1,731,616.00	25	432904
Holston UMH	1,707,940.00	0	0
Camelot	1,693,566.00	0	0
MT Collaborative	1,555,174.00	0	0
Helen Ross McNabb	1,453,780.00	0	0
Memphis Recovery Center	1,260,840.00	33.3	419,860
UCHRA	1,153,735.00	50	576,868
Wayne HWH	1,136,341.00	42.5	482,945
Parkridge Valley	1,133,103.00	0	0
Cumberland Hall	1,004,211.00	0	0
Highland Youth / NTGH	777,780.00	0	0
Frontier Health	769,773.00	100	769,773
CCS, Inc (Steppenstone)	722,320.00	50	361,160
SMCH	583,279.00	50	291,640
AYS, Inc.	559,099.00	50	279,550
Porter Leath	567,413.00	42.5	241,151
Partnership FCA	562,753.00	6	33,765
Childrens Home / Chambliss	389,856.00	6	23,391
Child and Family TN	323,551.00	6	19,413
Turn Around Center	308,490.00	0	0

Meritan	223,973.00	0	0
Catholic Char ET	148,284.00	0	0
King's Daughters	127,328.00	100	127,328
Youthtown	101,006.00	0	0
Child Help USA	33,510.00	0	0
New Vision	27,246.00	0	0
Goodwill Homes	13,895.00	0	0
Three Rivers Res (SC)	13,230.00	0	0
Private Agency Subtotal	**55,310,909.00**		**30,019,019**

Many of the providers who are not credited with data submission proof in the above table are actually delivering evidence based services. More providers than the projected amounts listed above will actually meet the standards of proof required through the data collection process DCS is conducting through the Peabody Research Institute. DCS staff visited many of the providers who have not yet demonstrated an easy and efficient data uploading process. The list of providers who are able to pass the data submission requirements and who will be able to demonstrate compliance in the first half of the fiscal year is growing even at the time the current report is being written.

Additionally, there are a number of private providers who have data systems in place or are converting to new clinical documentation software and will be able to provide partial or complete compliance data for all or part of FY2010. Examples of these providers include Camelot Care Centers, Phoenix Homes, and Omnivisions, Inc., large providers with several subcontract providers, not all of which upload information automatically to the contract holder. Holston United Methodist Home for Children is in the process of transition to Caseworks clinical documentation system, and will begin providing data in January, 2011.

(D) Prevention, Aftercare, and Probation Services

Community Intensive Services, Court Prevention Grants, and Intensive Aftercare have long been a valued part of custody and recidivism prevention and reduction. These grants have individual histories that have developed over time. Should these programs remain in whole or in part, DCS will work with the remaining Courts and Providers in re-application for these services in FY 2010-2011 for compliance with the evidence-based law. If the state portion of these grants are eliminated at some point, the total of these dollars will disappear from the budget as well as from this compliance report. If these programs are not continued in subsequent budget years and are later reinstated to the budget, all new such programs will be vetted for their evidence basis for effectiveness prior to funding. The table on the following page lists the grants, which for the current fiscal year are already operating at 75% of the previous funding levels.

As these programs do provide courts an alternative to custody, it is desirable that bringing them into the evidence based process will provide a template for any future expansion that may occur in funding for prevention services.

Contract Number	Program	Vendor	Service Type	FY 2010 Liability
GG1029029	**CIS**	East Tennessee Human Resource Agency, Inc	Intensive Probation	146,712
GR1029042	**CIS**	Helen Ross McNabb Center, Inc.	Intensive Aftercare	266,782
GG1029028	**CIS**	Putnam County	Intensive Probation	65,656
GG1028958	**CIS**	Rutherford County Juvenile Court	Intensive Probation	46,448
GG1029125	**CIS**	Southeast Human Resource Agency	Intensive Probation	101,064
GG1029289	**CIS**	Sullivan County- Project REACH	Intensive Probation	57,494
GG1028956	**CIS**	Upper Cumberland Human Resource Agency	Intensive Probation	191,418
	CIS Total			**875,574**
GG1028643	**JC Prev**	Alamo Board of Education	Custody Prevention	54,817
GG1029271	**JC Prev**	Benton County Juvenile Court	Custody Prevention	92,617
GG1028513	**JC Prev**	Blount County Juvenile Court	Custody Prevention	98,668
GG1028317	**JC Prev**	Bradley County Juvenile Court	Custody Prevention	66,581
GG1028511	**JC Prev**	Carroll County Juvenile Court	Custody Prevention	643,884
GG1028857	**JC Prev**	Crockett County Schools	Custody Prevention	68,520
GG1029368	**JC Prev**	Davidson County Juvenile Court	Child and Family Inte	434,333
GG1028468	**JC Prev**	Decatur County Juvenile Court	Truancy Prevention	54,817
GG1028514	**JC Prev**	Dyersburg City Schools	Truancy Prevention	68,520
GG1028642	**JC Prev**	Henry County Juvenile Court	Truancy Prevention	48,917
GG1028510	**JC Prev**	Knox County Juvenile Court	Custody Prevention	183,392
GG1028464	**JC Prev**	Lauderdale County Juvenile Court	Truancy Prevention	68,571
GG1029141	**JC Prev**	Madison County Juvenile Court	Child and Family Inte	135,375
GG1028897	**JC Prev**	Montgomery County Juvenile Court	Child and Family Inte	422,082
GG1028470	**JC Prev**	Montgomery County Juvenile Court	Child and Family Inte	70,929
GG1028644	**JC Prev**	Rutherford County Juvenile Court	Custody Prevention	417,696
GG1028509	**JC Prev**	Shelby County Government on Behalf of Juvenile Co	Child and Family Inte	67,688
GR1028515	**JC Prev**	Socially Yours for Youth, Inc.	After School Program	34,622
GG1028318	**JC Prev**	Stewart County Juvenile Court	Child and Family Inte	14,607
GG1028898	**JC Prev**	Sullivan County Juvenile Court	Truancy Prevention	53,720
GG1028463	**JC Prev**	Tipton County Juvenile Court	Custody Prevention	343,970
GG1028512	**JC Prev**	Weakley County Juvenile Court	Custody Prevention	62,747
	JC Prev Total			**3,507,073**
GR0925647-0	**Intensive A**	Helen Ross McNabb Center	Intensive Aftercare	348,816
GR0821831-0	**Intensive A**	Quinco Mental Health Center	Intensive Aftercare	174,408
	Intensive Aftercare Total			**523,224**

In summary, the table on the following page calculates the first year targets for DCS compliance with the evidence-based law: The upper half of the chart contains the annual projection of funds based on budget amounts. The lower half represents actual compliance by cost category based on actual expenses. As the footnote explains, the community grants were not counting in FY 2009-2010 as counting toward the evidence based law as planned since their future was uncertain at various times throughout the most recent budgetary cycle.

Area	Budget	2010 %	Target Amount
DCS Residential[6]	$ 61,430,511	3.7 %	2,288,798.00
Private Providers	55,292,883	54.9 %	$ 32,138,970.00
Community and Prevention	4,905,871	43.6%	$ 2,138,970.00
Target Total	$ 121,629,264	25. %	$ 30,407,316
Projected % and Amount		30.14%	36,666,738.
Area	Actual Spent	2010 %	EBP Actual
DCS Residential[7]	$ 58,646,700	3.9 %	2,307,140
Private Providers	55,310,909	54.3 %	$ 30,019,019
Community and Prevention[8]	4,905,871	0.0 %	$ 0
Actual Total	$ 118,863,480	27.2 %	$ 32,326,159
Difference b/w target and planned compliance level		+ 2.2 %	+ 1,918,843

(4) Practice methods and measurement

(A) Definitions of *Evidence-based* allowed under TCA § 37-5-121

Evidence-based Assessment Measures

DCS has implemented the YLS or "Youth Level of Service" index as the standard measurement for the risk level of students coming into care. YLS is a heavily researched tool selected because there is evidence that interventions are most effective when the intensity of the intervention matches the community risk level of the student. DCS is sharing these scores with service providers so that they may address the specific areas in which to concentrate their interventions.

Evidence-based Consultant Involvement

DCS has contracted with Dr. Mark Lipsey of the Peabody Research Institute of Vanderbilt University as the major consultant on evidence-based programming and

[6] Determined by the Budgeted dollars for Youth Development Centers plus DCS operated group homes and subtracting the services contracted to outside parties.

[7] Determined by the document *DCS Annual Budget Request for the Fiscal Year 2011-2012* Base Detail Budget Reports by allotment code.

[8] In the methodology proposed for first year compliance, a target was set for the money set aside in community grants to meet evidence standards in year one. This plan was abandoned in December, 2009 when the proposed budget eliminated these grants beginning with fiscal year 2011. Restoration of these grants has meant the Division of juvenile Justice has initiated a process of engaging these grant providers in plans to become compliant with the law if these grants continue in the fiscal year beginning July 1, 2011.

compliance measurement. Dr. Lipsey's current *curriculum vitae* may be found online at http://peabody.vanderbilt.edu/Documents/pdf/PRI/MarkCV5_09.pdf. In short, Dr. Lipsey is the current co-editor of *Research Synthesis Methods* and *Campbell Systematic Reviews* and serves on the editorial boards of four additional peer-reviewed journals including the *American Journal of Community Psychology*. He has received numerous awards for his advancement of evidence-based practice and his research work. His specialty areas of research include Juvenile Justice and Adolescent Substance Abuse. In his research work, Dr. Lipsey has established a significant research database measuring the amount of positive effect a particular treatment model may have on the recidivism rates for Juvenile Justice involved youth. DCS is fortunate to have a nationally and internationally recognized researcher in our own back yard, and has already derived great benefit from Dr. Lipsey's work and the involvement of Dr. Gabrielle Chapman on his staff. Dr. Lipsey has previously implemented systems in North Carolina and in Arizona to evaluate program efficacy similar to the requirements needed in Tennessee.

As of this writing, private providers as a class are substantially ahead of state operated facilities in their ability to discuss, demonstrate, and document the implementation of Evidence-based Practices. The larger private providers generally have clinical software systems into which they enter the components of service which can be retrieved on a child specific basis. Retrievable components include:

Child Risk Level as Determined by YLS (Youth Level of Service)
Frequency of the Service offered (How often)
Duration of the service offered (How long)
Intensity of the service offered (How much)

Additionally, DCS must periodically take steps to ensure the following quality measures are in place at each agency:

Qualifications of the person(s) implementing the service
Model Fidelity (as evidenced by supervision and service manualization)

PRI consultants evaluated the reporting capacity of providers based on a standard questionnaire circulated during the spring of 2009. From the early returns it appeared about a third of the respondents were very close to report-ready compliance, another third seemed close enough to arrive at that level with some coaching or problem solving, and an additional third did not appear ready to collect and report information in a standardized way. Due to the size difference of the agencies in the primary class (those who could report timely with minimal intrusion on their practice), a much larger percent of children – and dollars – came under this heading.

Because some of the responses seemed to indicate more or less reporting capacity among similar agencies, DCS determined that an in-person review of a sample of agencies would generate more accurate information and emphasize to providers the importance of accurate and timely data capture.

Statement of Evidence-based compliance

The standards set forth in the evidence-based law establishes a minimum level of scientifically evaluated programs that are proven to reduce recidivism. There is a range of compliance standards that may be employed. For instance, programs that treat

children in the juvenile justice system with a cognitive behavioral approach can be associated with previous studies that have demonstrated a reduction in criminal recidivism. A minimum standard for compliance may be that sending children to such programs meets the standard of the law.

The Department of Children's Services has chosen to take an approach that every service offered must ultimately meet a scientific standard of a positive effect on recidivism reduction, including the use of ancillary services offered by the program. For example, a program may utilize a cognitive-behavioral approach within the counseling and group framework, which meets the standards, but may also conduct an afterschool mentoring program with students using staff or community volunteers. Compliance with the evidence-based law at a more rigorous level, and the one the Department has adopted, would require that program or service also to have an evidence basis to it. For that reason, the mentoring service would have to occur in sufficient amount and duration to match other programs that have been found to have a positive effect in reducing recidivism.

During the time DCS has percentage level compliance targets (i.e., through June 30. 2011) the expenditure of such funds toward these types of programs may not be counted toward fulfilling the evidence-based requirement of law. When full compliance levels must reach 100%, these programs may not be utilized unless DCS and the service provider engage in a pilot study as allowed by the law and as approved by the steering committee. As of this writing, no providers have proposed such a pilot study. Each section of discussion below, including the implementation of best practices in private provider settings, by contracts in DCS facilities, and by DCS staff in DCS facilities, as well as community and prevention programs, will consider the difference between minimum and optimum evidence standards.

(B) Program Selection and Evidence Basis, Private Providers

Education of Provider Community on PC 585 and TCA § 37-5-121

From the time Public Chapter 585 was a draft bill working through the legislative committee process, DCS has worked with the staff and leadership of Tennessee Alliance for Children and Families (TACF) which is the main trade association group for DCS providers. Leadership from that agency have also engaged private providers collectively through their communication mechanisms, board meetings, newsletters, and joint DCS/TACF trainings on this issue.

Initial Survey Process, Findings, and Verification Steps

Conversion of DCS Providers to Performance Based Contracts

Optimum Practice: Program Elements Required for Valid Work

(C) Specialty programs in Youth Development Centers

Baseline Review of Alcohol and Drug Contracted services

In 2008, DCS conducted a baseline review of all alcohol and drug services provided in the Youth Development Centers to determine the extent of best practice utilization. Recommendations were issued to providers in a Whitepaper and providers have all adopted the guidelines for manualized, evidence based inclusion. This is a

separate, 40 page document not included in appendices due to length but is available by request of Randal.M.Lea@tn.gov. The funds expended for alcohol and drug services are detailed in the accounting section 3 B above in this document.

Monitoring of Programs for Sexually Abusive Youth

In 2009, DCS consultants Jacque Page and Bill Murphy of the UT health Science Center manualized a best practice approach toward the management of youthful sexual offenders, The resulting manual, titled Sexually Aggressive Youth - Best Practices (SAY-BP) includes a program evaluation section which covers key areas of effective, evidence based programming. This includes theoretical approach of the program, program manuals, assessment and treatment, and ensures that the treatment is appropriately geared to the child's developmental level and takes into account learning styles and mental illness. Drs. Page and Murphy work hands on with all treatment providers to ensure programming remains evidence based. This includes availability for any case for which the providers need consultation as well as onsite reviews at least annually covering all cases. The SAY – BP manual is maintained by Dr. Jacqueline Page at the UT Health Science Center in Memphis.

Monitoring of Psychological, Psychiatric, and Assessment Services

During each fiscal year, DCS staff monitor the delivery of psychological, psychiatric, and assessment services provided to students at the Youth Development Centers to ensure contract compliance. This activity makes certain that the contractors are performing industry accepted tests and measurements for educational and psychological assessment and that the provision of services follows an evidence-based model. In Fiscal year 2009-2010, these visits were conducted comprehensively by Dr. Ray Richardson. Randal Lea and Dr. Stephen Bell also conducted random checks on service provision throughout the fiscal year whenever visiting one of the centers to assure that services were billed appropriately and that assessment information was shared and used by the facility treatment team.

(5) Measures taken and plan for data verification

(A) A.R.T. Implementation Schedule, DCS Facilities

DCS has identified Aggression Replacement Therapy as the principal evidence-based treatment program for all Youth Development Centers and DCS operated group homes. While implementation of A.R.T. has been occurring throughout calendar year 2009, DCS does not claim A.R.T to be sufficiently implemented to count toward the data gathered in the evidence-based law. It may be that in retrospect at the conclusion of FY 2009-2010, that DCS can claim some portion of the year at some of the group homes or some of the Youth Development Centers as having met the standards set forth in the evidence-based law. However, It is not part of the plan at this writing (10-13-2009) to capture those dollars for FY 2010. Details of the components required to be in place for A.R.T. to count under this law will be provided in the 2010-2011 report during which time

it is anticipated that YDC and Group home direct costs will make a significant contribution toward the 50% compliance requirement.

(B) Private Provider Data Collection Survey Sampling and Findings

Even when begun with great commitment, the pace of any new initiative can decline once initial thresholds are crossed. In an effort to avoid such patterns in Tennessee, an institutionalized method of capturing the delivery of services which can be folded into an existing monitoring program has been designed and continues to be streamlined based on the input of all relevant stakeholders. An additional step on the path to evidence based sustainability is to devise a selective method of specialized and targeted review. The content and process of review has been discussed by the Steering committee as well with relevant DCS staff. The review process will include, most importantly, data validation with the goal of verifying that the program data reported by providers is appropriately reflective of what services (and amounts of those services) each student is receiving. Drs. Lipsey and Chapman have suggested a plan that works within DCS's existing audit and monitoring structure. Under the current plan that is slated to begin once the service dosage/delivery information is online for all providers, a random sample of student records at each provider location will be reviewed and compared to reported program dosage data. Additionally, the existence of program protocols, necessary corrective action, and other measures of fidelity and/or program improvement will be examined.

(C) Working toward a data driven Service Provider Effectiveness Program

To further insure sustainability of the evidence based provider effectiveness in Tennessee, the goal toward the end of this process is a user-friendly rank score for each provider which will approximate the effectiveness of existing services and programs that serve Juvenile Justice youth. The tool that will produce this scoring system is called the Standardized Program Evaluation Protocol (SPEP). The SPEP creates a metric by assigning points to programs according to how closely their characteristics match those associated with the best recidivism outcomes for similar programs as identified as effective in reducing recidivism in Dr. Lipsey's meta-analysis of over 600 evaluation studies. The ratings on the key effectiveness factors represented in the SPEP each have a maximum value assigned in proportion to the strength of that factor for predicting recidivism effects in the statistical models used in the meta-analysis. This approach has been validated and first utilized in Juvenile justice systems in Arizona and North Carolina.

Once obtained, the scoring information will be shared with each provider. Providers will be educated about where their programs fit into the spectrum of effectiveness and how best to improve their scores. The resulting provider improvement plans will fit into the monitoring process (described above) as well.

(6) Direction of Subsequent Report cycles

(A) FY2011, the Middle Year

In FY 2011, DCS must prove that 50 % of its funds for Juvenile Justice are spent on evidence based programming. The 30 million in documented EBP funds this year in the private provider community will increase in FY 11 because many of the agencies report for part of a year will report for an entire 12 month period. Others who have not yet documented their progress will present first-time compliance data. The implementation of Aggression Replacement Training in the Youth Development Centers will give Youth Development Centers an approximate 90% compliance rating for the EBP project. Already the first component (the daily "Gathering") has been in operation for more than one year. Youth Development Centers added the second component, Skillstreaming, as a weekly group starting between February and April 2010. The final component, groups on Moral Reasoning and Anger Control, was trained from April through June and implemented in July for Taft, Wilder, and Mountain View YDCs. Because of the uncertainty for the continued funding for New Visions YDC and the need for Woodland Hills staff to assist with coverage during the time of budget uncertainty, full deployment of A.R.T. has been delayed at both these centers.

(B) FY2012, the Final Year

FY 2012 is the final year for partial compliance, at a minimum of 75%. DCS appears to be on a trajectory to meet that goal with a combination of public and private programs. During this year there will need to be several open forums of discussion as the implementation moves on. One will be the development of a provider ranking system that measures pubic and private settings on the degree to which their evidence-based programming makes a difference. Another realm of discussion will be what it will take for all court grants and remaining holdout providers to demonstrate compliance. As FY 2012 winds down, contracting will have to follow those providers who have either demonstrated full compliance or the ability to do so Bu July 1, 2012.

(C) Full Compliance, July 2012 and Beyond

DCS Division of Juvenile Justice will only pay for Evidence Based Services starting July 1, 2012. Beyond this point DCS will have perhaps three major points of focus. One will be the ongoing collection of data and the synthesis of that data into a useful ranking system through Peabody Research Institute or a similar successor contractor. Another will be program development which will assure the department, the legislature, and the public that new evidence is being incorporated so that cutting edge programming can be spliced into exiting practice, so that the EBP law is not supporting only the best practices of 2010. Finally, there will be opportunities to ensure that the addresses the cultural, gender, racial and ethnic make up of the state from prevention programs through aftercare. DCS and partners will need to be attuned to the evolving community and youth needs for effective staff training, contract development, and pilot program monitoring.